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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/698,349			ing Date 31/2003	☐ To be Mailed	
	Al	PPLICATION A	AS FILE		OTHER THAN SMALL ENTITY OR SMALL ENTITY								
Т	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x s =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		٠			X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dra sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* 15	the difference in colu	umn 1 is less than	r "0" in col		TOTAL]	TOTAL					
APPLICATION AS AMENDED – PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN													
AMENDMENT	11/28/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 60	Minus	÷ 63		= 0	П	x s =		OR	X \$60=	0	
	Independent (37 CFR 1.16(h))	• 11	Minus	15		= 0	П	X \$ =		OR	X \$250=	0	
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus				П	X \$ =		OR	x s =		
Š	Independent (37 CFR 1 16(h))		Minus	***		-	ı	X \$ =		OR	X 8 =		
Ĭ	Application Size Fee (37 CFR 1:16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
** 11	If the entry in column 1 is less than the entry in column 2, wite 0" in column 3. Lggal Instrument Examiner: "If the "Highest Number Perviously Paid For W THIS SPACE is less than 20, enter "20". "If the "Highest Number Perviously Paid For W THIS SPACE is less than 3, enter "3". "If the "Highest Number Perviously Paid For W THIS SPACE is less than 3, enter "3". Highest Number Perviously Paid For W THIS SPACE is less than 3, enter "3".												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to comprise, including patient in preparing, and submitting the comprised application from the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to comprise this form and/or suggestions for reducing this founds. about 0 be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, O.P. Disc video, Alexandria, V.M. 22313-1450, D.O. NOT SEND FEES OR LOWNELEET DOTAINS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.